

[illegible]

DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No.
13DV-14119

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full Name: Elizabeth Anne EarleySignature: Date: Jan 31, 2002Residence: 8895 Tanglewood Drive, Springboro, Ohio 45066Citizenship: U.S.A.Post Office Address: Same as above

SECOND JOINT INVENTOR, IF ANY:

Full Name: James Geoffrey Chirumbolo McKeeSignature: Date: JANUARY 30, 2002Residence: 2903 TEMPLE AVE 45211 JGCM-01.30.02
3420 Saybrook Avenue, Cincinnati, Ohio 45208Citizenship: U.S.A.Post Office Address: Same as above

THIRD JOINT INVENTOR, IF ANY:

Full Name: Kristin Sherwin Meyer

Signature: _____

Date: _____

Residence: 8578 Rathman Place, Cincinnati, Ohio 45255Citizenship: U.S.A.Post Office Address: Same as above

FOURTH JOINT INVENTOR, IF ANY:

Full Name: Michael Scott GodbeySignature: Date: 2/1/2002Residence: 1068 Bridlepath Lane, Cincinnati, OhioCitizenship: U.S.A.Post Office Address: Same as above

100735-0000

DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No.
13DV-14119

FIFTH JOINT INVENTOR, IF ANY:

Full Name: Thomas Paul BradySignature: Thomas Paul BradyDate: 2/1/2002Residence: 535 French Run Court, Lebanon, Ohio 45036Citizenship: U.S.A.Post Office Address: Same as above

SIXTH JOINT INVENTOR, IF ANY:

Full Name: Christopher Balfour LorenceSignature: Christopher Balfour LorenceDate: January 31, 2002Residence: 6809 Parklake Drive, Mason, Ohio 45040Citizenship: U.S.A.Post Office Address: Same as above

SEVENTH JOINT INVENTOR, IF ANY:

Full Name: David Andrew RiceSignature: David Andrew RiceDate: 2/1/02Residence: 5567 Bentwood Drive, Mason, Ohio 45040Citizenship: U.S.A.Post Office Address: Same as above

100-891-888

DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No.
13DV-14119

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **DIGITAL COCKPIT**, the specification of which:

(check one) ☒ is attached hereto
☐ was filed on _____ as Application Serial No. _____
and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim priority benefits under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Status (patented, pending, abandoned)</u>
_____	_____	_____
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Additional provisional application numbers are listed on a supplemental page attached hereto.</u>
_____	_____	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.
(list name and registration number)

Customer Number 29399

Send Correspondence to:

John S. Beulick
Armstrong Teasdale LLP
One Metropolitan Square, Suite 2600
St. Louis, MO 63102-2740

Direct Telephone Calls To:

John S. Beulick
314/621-5070

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SOLE OR FIRST INVENTOR:

Full Name: Elizabeth Anne Earley

Signature: _____

Date: _____

Residence: 8895 Tanglewood Drive, Springboro, Ohio 45066Citizenship: U.S.A.Post Office Address: Same as above

SECOND JOINT INVENTOR, IF ANY:

Full Name: James Geoffrey Chirumbolo McKee

Signature: _____

Date: _____

Residence: 3420 Saybrook Avenue, Cincinnati, Ohio 45208Citizenship: U.S.A.Post Office Address: Same as above

THIRD JOINT INVENTOR, IF ANY:

Full Name: Kristin Sherwin MeyerSignature: Kristin S. MeyerDate: 1/21/02Residence: 1810 Wexwood Lane, Cincinnati, Ohio 45255Citizenship: U.S.A.Post Office Address: Same as above

FOURTH JOINT INVENTOR, IF ANY:

Full Name: Michael Scott Godbey

Signature: _____

Date: _____

Residence: 1068 Bridlepath Lane, Cincinnati, OhioCitizenship: U.S.A.Post Office Address: Same as above

2002 FEB 20

DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No.
13DV-14119

FIFTH JOINT INVENTOR, IF ANY:

Full Name: Thomas Paul Brady

Signature: _____ Date: _____

Residence: 535 French Run Court, Lebanon, Ohio 45036

Citizenship: U.S.A.

Post Office Address: Same as above

SIXTH JOINT INVENTOR, IF ANY:

Full Name: Christopher Balfour Lorence

Signature: _____ Date: _____

Residence: 6809 Parklake Drive, Mason, Ohio 45040

Citizenship: U.S.A.

Post Office Address: Same as above

SEVENTH JOINT INVENTOR, IF ANY:

Full Name: David Andrew Rice

Signature: _____ Date: _____

Residence: 5567 Bentwood Drive, Mason, Ohio 45040

Citizenship: U.S.A.

Post Office Address: Same as above

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